

AMENDED

Form 990

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

2013

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning OCT 1, 2013 and ending SEP 30, 2014

Form 990 header section including: B Check if applicable, C Name of organization (NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC.), D Employer identification number (71-0850123), E Telephone number (870-934-5119), G Gross receipts (\$92,971,350), H(a) Is this a group return for subordinates? (Yes [], No [x]), H(b) Are all subordinates included? (Yes [], No []), I Tax-exempt status (501(c)(3)), J Website (www.NEABAPTISTCLINIC.COM), K Form of organization (Corporation), L Year of formation (2000), M State of legal domicile (AR).

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances. Includes a 'RECEIVED' stamp from OGDEN, UT dated JAN 12 2017.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature block section including: Sign Here (Signature of officer, Date 1-3-17), Preparer (Print/Type preparer's name, Signature, Date, Check if self-employed, PTIN), Firm's name, Firm's address, Firm's EIN, Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions) [] Yes [] No

659

9

SCANNED JAN 19 2017

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission

NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC. PROVIDES QUALITY MEDICAL HEALTHCARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, OR AGE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 89,659,589. including grants of \$ 86,983.) (Revenue \$ 91,827,062.)

NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC. (NEA BAPTIST CLINIC) PROVIDES QUALITY MEDICAL HEALTHCARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, OR AGE. ALTHOUGH REIMBURSEMENT FOR SERVICES RENDERED IS CRITICAL TO THE OPERATION AND STABILITY OF NEA BAPTIST CLINIC, IT IS RECOGNIZED THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE ESSENTIAL MEDICAL SERVICES, AND FURTHER, THAT THE MISSION OF THE CLINIC IS TO SERVE THE COMMUNITY WITH RESPECT TO PROVIDING HEALTHCARE SERVICES AND HEALTHCARE EDUCATION.

SEE CONTINUATION AT SCHEDULE O, PAGE 40

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 89,659,589.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	x	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		x
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	x	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		x
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		x
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		x
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	x	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		x
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		x
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		x
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	x	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		x
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		x
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		x
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		x
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		x
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	x	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		x
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	x	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		x
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	x	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question number, question text, and Yes/No response. Includes questions 1a-13b regarding Form 1096, Form W-2G, backup withholding, Form W-3, federal employment tax returns, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, deductible contributions, sponsoring organizations, and Section 501(c)(7), (12), (4947), and (29) organizations.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	17		
b	Enter the number of voting members included in line 1a, above, who are independent		
	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	X	

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed None
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: The Organization - 870-934-5119
 4802 EAST JOHNSON AVE., JONESBORO, AR 72401

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RANDY J. KING DIRECTOR	0.80 39.20	X					0.	489,106.	67,188.	
(2) JAMES W. BOSWELL DIRECTOR	0.20 39.80	X					0.	619,884.	71,074.	
(3) BRAD H. PARSONS DIRECTOR	0.20 39.80	X					0.	234,917.	46,616.	
(4) ROBERT TAYLOR, M.D. PRESIDENT	0.20 39.80	X		X			237,082.	0.	23,000.	
(5) JASON BRANDT, M.D. DIRECTOR/EMPLOYEE	40.00 0.00	X					711,758.	0.	17,500.	
(6) ROBERT ABRAHAM, M.D. DIRECTOR/EMPLOYEE	40.00 0.00	X					438,677.	0.	23,000.	
(7) MICHAEL MACKEY, M.D. DIRECTOR/EMPLOYEE	40.00 0.00	X					410,650.	0.	12,396.	
(8) JAMES AMEIKA, M.D. DIRECTOR/EMPLOYEE	40.00 0.00	X					413,700.	0.	23,000.	
(9) NORBERT DELACEY, M.D. DIRECTOR/EMPLOYEE	40.00 0.00	X					358,060.	0.	17,500.	
(10) KENNETH JONES, M.D. DIRECTOR/EMPLOYEE	40.00 0.00	X					348,462.	0.	23,000.	
(11) MICHAEL ISAACSON, M.D. DIRECTOR/EMPLOYEE	40.00 0.00	X					224,877.	0.	0.	
(12) DOUGLAS MAGLOTHIN, M.D. DIRECTOR/EMPLOYEE	40.00 0.00	X					212,654.	0.	23,000.	
(13) RAY HALL, JR. M.D. DIRECTOR/EMPLOYEE	40.00 0.00	X					199,947.	0.	5,500.	
(14) WILLIAM HUBBARD, M.D. DIRECTOR/EMPLOYEE	40.00 0.00	X					26,595.	0.	0.	
(15) NATHAN TURNEY, M.D. DIRECTOR/EMPLOYEE	40.00 0.00	X					252,917.	0.	0.	
(16) BROCK HARRIS, M.D. DIRECTOR/EMPLOYEE	40.00 0.00	X					208,953.	0.	17,500.	
(17) GREGORY M. DUCKETT SECRETARY	0.10 39.90			X			0.	582,127.	65,914.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) STEPHEN WOODRUFF, M.D. TREASURER	0.20 39.80			X				259,667.	0.	-6,558.
(19) DARRELL KING CEO	40.00 0.00			X				253,457.	0.	22,450.
(20) ANGIE CARLTON CFO	40.00 0.00			X				155,956.	0.	8,113.
(21) LEXINE HORTON COO	40.00 0.00			X				145,225.	0.	1,915.
(22) BEATA MAJEWSKI, M.D. PHYSICIAN	40.00 0.00					X		634,038.	0.	17,500.
(23) MARK WENDEL, M.D. PHYSICIAN	40.00 0.00					X		595,284.	0.	25,552.
(24) RONALD SCHECHTER, M.D. PHYSICIAN	40.00 0.00					X		593,937.	0.	10,250.
(25) JEFFREY MULLEN, M.D. PHYSICIAN	40.00 0.00					X		577,462.	0.	17,500.
(26) DHARMENDRA PATEL, M.D. PHYSICIAN	40.00 0.00					X		519,498.	0.	0.
1b Sub-total								7,778,856.	1,926,034.	532,910.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								7,778,856.	1,926,034.	532,910.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 97

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
SOUTHERN EMERGENCY SERVICES 1001 COUNTY RD. 759, JONESBORO, AR 72401	MEDICAL SERVICES	850,777.
EXPRESS PERSONNEL SERVICES P.O. BOX 203901, DALLAS, TX 75284-1634	TEMP SERVICES	767,367.
ALLSCRIPTS 24630 NETWORK PLACE, CHICAGO, IL 60673-1246	EMR CONSULTING	676,330.
SG 360 INTERNATIONAL, LLC P.O. BOX 1501, JONESBORO, AR 72403	BUILDING REPAIRS	544,900.
TEAM HEALTH P.O. BOX 634850, CINCINNATI, OH 45263-4850	ER SERVICES	526,107.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 35

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f						
	Program Service Revenue	2 a	HEALTH CARE SERVICES	Business Code 541700	92,034,944.	91,161,386.	873,558.	
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		92,034,944.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)						
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
		Less: rental expenses	32,000.					
		Rental income or (loss)	32,000.					
		Net rental income or (loss)	0.		0.			
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses		8,324.				
		Gain or (loss)		21,338.				
		Net gain or (loss)		-13,014.	-13,014.			-13,014.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
		Less: direct expenses	b					
		Net income or (loss) from fundraising events						
	9 a	Gross income from gaming activities See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a	BAD DEBT RECOVERIES	900099	499,000.	499,000.				
b	WELLNESS CENTER REV.	900099	397,082.	166,676.	230,406.			
c								
d	All other revenue							
e	Total. Add lines 11a-11d		896,082.					
12	Total revenue. See instructions.		92,918,012.	91,827,062.	1,103,964.	-13,014.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	86,983.	86,983.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,818,488.	4,095,715.	722,773.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	46,208,002.	39,276,802.	6,931,200.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,551,501.	2,168,776.	382,725.	
9 Other employee benefits	4,591,226.	3,902,542.	688,684.	
10 Payroll taxes	2,645,657.	2,248,808.	396,849.	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	10,709,275.	9,102,884.	1,606,391.	
12 Advertising and promotion	570,799.	485,179.	85,620.	
13 Office expenses	2,830,376.	2,405,820.	424,556.	
14 Information technology				
15 Royalties				
16 Occupancy	5,887,911.	5,004,724.	883,187.	
17 Travel	375,642.	319,296.	56,346.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	127,294.	108,200.	19,094.	
20 Interest	7,043.	5,987.	1,056.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,242,733.	1,906,323.	336,410.	
23 Insurance	923,275.	784,784.	138,491.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	18,514,428.	15,737,264.	2,777,164.	
b REPAIRS & MAINTENANCE	1,167,763.	992,599.	175,164.	
c GOODWILL IMPAIRMENT CHG	622,200.	0.	622,200.	
d TAX & LICENSES	529,131.	449,761.	79,370.	
e All other expenses	648,799.	577,142.	71,657.	
25 Total functional expenses. Add lines 1 through 24e	106,058,526.	89,659,589.	16,398,937.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	11,280.	1	13,794.
	2	Savings and temporary cash investments	18,174.	2	24,949.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	18,680,572.	4	14,287,324.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	6,030,189.	8	1,123,205.
	9	Prepaid expenses and deferred charges	1,206,217.	9	851,142.
	10a	Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D	10a 14,681,941.		
	b	Less: accumulated depreciation	10b 7,916,805.	10c 3,478,552.	6,765,136.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	4,006,219.	15	301,249.
16	Total assets. Add lines 1 through 15 (must equal line 34)	33,431,203.	16	23,366,799.	
Liabilities	17	Accounts payable and accrued expenses	4,763,802.	17	9,397,012.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	619,193.
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	23,833,081.	25	39,816,271.
	26	Total liabilities. Add lines 17 through 25	28,596,883.	26	49,832,476.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	4,834,320.	27	-26,465,677.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	4,834,320.	33	-26,465,677.	
34	Total liabilities and net assets/fund balances	33,431,203.	34	23,366,799.	

Form 990 (2013)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	92,918,012.
2	Total expenses (must equal Part IX, column (A), line 25)	2	106,058,526.
3	Revenue less expenses Subtract line 2 from line 1	3	-13,140,514.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,834,320.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-18,396,000.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	236,517.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-26,465,677.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		x
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	x	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	x	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		x
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization **NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC.** Employer identification number **71-0850123**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12
Also complete this part for any additional information. (See instructions).

Lined area for supplemental information.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
- ▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III

Name of organization NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC.	Employer identification number 71-0850123
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?															

Yes No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2013

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		1.
j Total Add lines 1c through 1i			1.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Part II-B, Line 1, Lobbying Activities:

NORTHEAST ARKANSAS BAPTIST HEALTH SYSTEM, INC. IS THE SOLE

MEMBER OF NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC. BAPTIST

MEMORIAL HEALTH CARE CORPORATION, THE SOLE MEMBER OF NORTHEAST ARKANSAS

BAPTIST HEALTH SYSTEM, INC., PAYS MEMBERSHIP DUES TO THE AMERICAN

HOSPITAL ASSOCIATION, THE ARKANSAS HOSPITAL ASSOCIATION, THE

Part IV Supplemental Information (continued)

MISSISSIPPI HOSPITAL ASSOCIATION, AND THE TENNESSEE HOSPITAL

ASSOCIATION, A PORTION OF THOSE DUES ARE FOR CONSULTANTS WHO ADVISE

AND CONSULT WITH THE ORGANIZATION ON LEGISLATIVE AND REGULATORY

MATTERS THAT MAY AFFECT THE ORGANIZATION AND ITS AFFILIATES. THESE

CONSULTANTS MAY ADVOCATE POSITIONS WITH THE LEGISLATIVE AND REGULATORY

BODIES OF GOVERNMENT AT LOCAL, STATE, AND FEDERAL LEVELS.

NORTHEAST ARKANSAS CLINIC FOUNDATION, INC. DID NOT PAY CONSULTANT FEES.

"1" HAS BEEN USED SO THE "YES" ANSWER NEXT TO PART II-B, LINE 1i WILL

TRANSMITTED WITH THE E-FILED FORM 990.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

OMB No 1545-0047

2013

Open to Public Inspection

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC.** Employer identification number **71-0850123**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
- Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
- Protection of natural habitat Preservation of a certified historic structure
- Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		471,340.	177,853.	293,487.
d Equipment		14,210,601.	7,738,952.	6,471,649.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))				6,765,136.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATES	39,816,271.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col. (B) line 25.)	39,816,271.

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-row labels (2a-2d, 4a-4b), and summary labels (1, 2e, 3, 4c, 5).

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-row labels (2a-2d, 4a-4b), and summary labels (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Part X, Line 2:

FROM THE CONSOLIDATED AUDITED FINANCIAL STATEMENT OF BAPTIST

MEMORIAL HEALTH CARE CORPORATION AND SUBSIDIARIES:

AS OF SEPTEMBER 30, 2014 AND 2013, BAPTIST MEMORIAL HEALTH CARE

CORPORATION HAD NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS UNDER FASB ASC

TOPIC 740, INCOME TAXES, REQUIRING ADJUSTMENTS TO ITS COMBINED FINANCIAL

STATEMENTS, IN THE EVENT BAPTIST MEMORIAL HEALTH CARE CORPORATION WERE TO

RECOGNIZE INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IT

WOULD BE RECOGNIZED IN THE COMBINED FINANCIAL STATEMENTS AS INTEREST

EXPENSE, GENERALLY TAX YEARS 2011 THROUGH 2014 ARE OPEN TO EXAMINATION BY

THE FEDERAL AND STATE TAXING AUTHORITIES, THERE ARE NO INCOME TAX

EXAMINATIONS CURRENTLY IN PROCESS.

Part XIII Supplemental Information *(continued)*

Lined area for supplemental information.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC. Employer identification number 71-0850123

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JONESBORO RADIO GROUP 314 UNION AVE. JONESBORO, AR 72401			8,750.	0.			COMMUNITY BREAKFAST AND FREEDOM FEST SPONSORSHIP
RED WOLVES SPORTS PROPERTIES P.O. BOX 25888 WOODBURY, MN 55125			14,000.	0.			ARKANSAS STATE UNIVERSITY RED WOLVES SPONSORSHIP

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▲

3 Enter total number of other organizations listed in the line 1 table ▲

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Part I, Line 2:

ALL ORGANIZATIONS ARE REQUIRED TO SUBMIT PROOF OF TAX EXEMPT

STATUS THAT'S VERIFIED BY THE IRS DATABASE BEFORE THEY CAN PROCEED WITH

THEIR REQUEST. THEY MAY USE OUR ONLINE CHARITABLE REQUEST APPLICATION TO

SUBMIT A REQUEST. IF THEY ARE NOT A 501 (C)(3) ORGANIZATION, THEY ARE

REQUIRED TO SUBMIT A COPY OF THEIR DETERMINATION LETTER FROM THE IRS

VALIDATING THEIR EXEMPT STATUS BEFORE WE CAN PROVIDE ANY IN-KIND GIVEAWAYS

OR SERVICES.

Part IV Supplemental Information

WE ALSO MONITOR THE FUNDS TO ENSURE THEY ARE USED FOR THE PURPOSE GRANTED.

WE MAKE EVERY EFFORT TO DIRECT OUR FUNDING TO A PROGRAM FOR A SPECIFIC

PURPOSE. ORGANIZATIONS ARE ASKED TO SHOW RESULTS AND DOCUMENTATION

ANNUALLY BEFORE THEIR REQUEST CAN BE CONSIDERED FOR FUTURE FUNDING.

THE REQUESTS ARE REVIEWED AND APPROVED BY VARIOUS INDIVIDUALS DEPENDING

UPON THE TYPE AND AMOUNT OF THE REQUEST. SMALL AMOUNTS MAY BE APPROVED BY

THE SYSTEM COORDINATOR. CASH SPONSORSHIPS MAY BE APPROVED BY THE SYSTEM

DIRECTOR OF COMMUNICATIONS, ANYTHING OVER \$10,000 MAY BE APPROVED BY THE

BAPTIST MEMORIAL HEALTH CARE FOUNDATION SENIOR V.P., AND ANYTHING OVER

\$50,000 NEEDS APPROVAL BY THE CORPORATE PRESIDENT/CEO.

FOR MORE INFORMATION ABOUT BAPTIST CHARITABLE GIVING GUIDELINES, PLEASE

VISIT

[HTTP://WWW.BAPTISTONLINE.ORG/SERVICES/COMMUNITY/INVOLVEMENT/GIVING.ASP.](http://www.baptistonline.org/services/community/involvement/giving.asp)

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization **NORTHEAST ARKANSAS CLINIC CHARITABLE
FOUNDATION, INC.** Employer identification number **71-0850123**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input checked="" type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- | | |
|---|--|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization.

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of.

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of.

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		X
2		X
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2013

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RANDY J. KING DIRECTOR	(i) 0. (ii) 326,338.	0. 137,044.	0. 25,724.	0. 48,500.	0. 18,688.	0. 556,294.	0. 0.
(2) JAMES W. BOSWELL DIRECTOR	(i) 0. (ii) 565,018.	0. 26,688.	0. 28,178.	0. 48,500.	0. 22,574.	0. 690,958.	0. 0.
(3) BRAD H. PARSONS DIRECTOR	(i) 0. (ii) 206,058.	0. 0.	0. 28,859.	0. 25,701.	0. 20,915.	0. 281,533.	0. 0.
(4) ROBERT TAYLOR, M.D. PRESIDENT	(i) 237,082. (ii) 0.	0. 0.	0. 0.	23,000. 0.	0. 0.	260,082. 0.	0. 0.
(5) JASON BRANDT, M.D. DIRECTOR/EMPLOYEE	(i) 711,758. (ii) 0.	0. 0.	0. 0.	17,500. 0.	0. 0.	729,258. 0.	0. 0.
(6) ROBERT ABRAHAM, M.D. DIRECTOR/EMPLOYEE	(i) 438,677. (ii) 0.	0. 0.	0. 0.	23,000. 0.	0. 0.	461,677. 0.	0. 0.
(7) MICHAEL MACKAY, M.D. DIRECTOR/EMPLOYEE	(i) 410,650. (ii) 0.	0. 0.	0. 0.	12,396. 0.	0. 0.	423,046. 0.	0. 0.
(8) JAMES AMEIKI, M.D. DIRECTOR/EMPLOYEE	(i) 413,700. (ii) 0.	0. 0.	0. 0.	23,000. 0.	0. 0.	436,700. 0.	0. 0.
(9) NORBERT DELACEY, M.D. DIRECTOR/EMPLOYEE	(i) 358,060. (ii) 0.	0. 0.	0. 0.	17,500. 0.	0. 0.	375,560. 0.	0. 0.
(10) KENNETH JONES, M.D. DIRECTOR/EMPLOYEE	(i) 348,462. (ii) 0.	0. 0.	0. 0.	23,000. 0.	0. 0.	371,462. 0.	0. 0.
(11) MICHAEL ISAACSON, M.D. DIRECTOR/EMPLOYEE	(i) 224,877. (ii) 0.	0. 0.	0. 0.	0. 0.	0. 0.	224,877. 0.	0. 0.
(12) DOUGLAS MAGLOTHIN, M.D. DIRECTOR/EMPLOYEE	(i) 212,654. (ii) 0.	0. 0.	0. 0.	23,000. 0.	0. 0.	235,654. 0.	0. 0.
(13) RAY HALL, JR. M.D. DIRECTOR/EMPLOYEE	(i) 199,947. (ii) 0.	0. 0.	0. 0.	5,500. 0.	0. 0.	205,447. 0.	0. 0.
(14) WILLIAM HUBBARD, M.D. DIRECTOR/EMPLOYEE	(i) 26,595. (ii) 0.	0. 0.	0. 0.	0. 0.	0. 0.	26,595. 0.	0. 0.
(15) NATHAN TURNEY, M.D. DIRECTOR/EMPLOYEE	(i) 252,917. (ii) 0.	0. 0.	0. 0.	0. 0.	0. 0.	252,917. 0.	0. 0.
(16) BROCK HARRIS, M.D. DIRECTOR/EMPLOYEE	(i) 208,953. (ii) 0.	0. 0.	0. 0.	17,500. 0.	0. 0.	226,453. 0.	0. 0.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) GREGORY M. DUCKETT SECRETARY	(i)	0.	0.	0.	0.	0.	0.
	(ii)	390,718.	138,345.	53,064.	38,250.	648,041.	0.
(18) STEPHEN WOODRUFF, M.D. TREASURER	(i)	259,667.	0.	0.	0.	253,109.	-0.
	(ii)	0.	0.	0.	0.	0.	0.
(19) DARRELL KING CEO	(i)	253,457.	0.	0.	17,500.	275,907.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(20) ANGIE CARLTON CFO	(i)	155,956.	0.	0.	6,913.	164,069.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(21) LEXINE HORTON COO	(i)	145,225.	0.	0.	390.	147,140.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(22) BEATA MAJEWski, M.D. PHYSICIAN	(i)	634,038.	0.	0.	17,500.	651,538.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(23) MARK WENDEL, M.D. PHYSICIAN	(i)	595,284.	0.	0.	17,500.	620,836.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(24) RONALD SCHECHTER, M.D. PHYSICIAN	(i)	593,937.	0.	0.	9,000.	604,187.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(25) JEFFREY MULLEN, M.D. PHYSICIAN	(i)	577,462.	0.	0.	17,500.	594,962.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(26) DHARMENDRA PATEL, M.D. PHYSICIAN	(i)	519,498.	0.	0.	0.	519,498.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

Part III | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information

Part I, Line 1a:

THE OFFICERS RECEIVE A PERQUISITE ALLOWANCE WHICH IS
INCLUDED IN THEIR SALARIES.

Part I, Line 1b:

THE PRESIDENT, VICE PRESIDENTS, AND ADMINISTRATORS RECEIVE A
PERQUISITE ALLOWANCE. THE ALLOWANCE IS INCLUDED IN THEIR SALARIES AND IS
TAXABLE TO THEM AS ADDITIONAL INCOME. THE ORGANIZATION ALSO HAS AN
ACCOUNTABLE PLAN, BUT A DISCRETIONARY SPENDING ACCOUNT IS NOT PART OF AN
ACCOUNTABLE PLAN, IF ANY OF THE OTHER ITEMS LISTED ON SCHEDULE J, PART I.
LINE 1a WERE APPLICABLE, THE RECIPIENTS WOULD BE REQUIRED TO FOLLOW THE
ORGANIZATION'S WRITTEN POLICY REGARDING PAYMENT OR REIMBURSEMENT.

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047

2013

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Open To Public Inspection

Name of the organization **NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC.** Employer identification number **71-0850123**

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			R. EDWARD COOPE	See Pt V			See Pt V	X		62,500.	37,500.	
PEDIATRIC ASSOC	See Pt V	See Pt V	X		145,833.	85,026.		X	X		X	
ARKANSAS UROLOG	See Pt V	See Pt V	X		183,333.	146,667.		X	X		X	
BROOKLAND MEDIC	See Pt V	See Pt V	X		125,000.	100,000.		X	X		X	
FAMILY PRACTICE	See Pt V	See Pt V	X		250,000.	250,000.		X	X		X	
Total						▶ \$ 619,193.						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

See Part V for Continuations

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
MATTHEW P. JACKSON, M.D.	CURRENT EMPLOYEE WH	474,346.	ON JANUARY		X
RODDY S. LOCHALA, D.O.	CURRENT EMPLOYEE WH	0.	ON JANUARY		X

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Schedule L, Part II, Loans To and From Interested Persons:

(a) Name of Interested Person:

R. EDWARD COOPER, M.D., P.A. D/B/A ADVANCED ORTHOPAEDICS, P.C.

(d) Loan to or from organization? = To

(e) Original Principal Amount \$ 62,500. (f) Balance Due \$ 37,500.

(g) Loan in Default? = No

(h) Approved by Board or Committee? = Yes

(i) Written Agreement? = Yes

(a) Name of Person: PEDIATRIC ASSOCIATES OF JONESBORO, PLLC

(d) Loan to or from organization? = To

(e) Original Principal Amount \$ 145,833. (f) Balance Due \$ 85,026.

(g) Loan in Default? = No

(h) Approved by Board or Committee? = Yes

(i) Written Agreement? = Yes

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

(a) Name of Person: ARKANSAS UROLOGY CLINIC, LTD

(d) Loan to or from organization? = To

(e) Original Principal Amount \$ 183,333. (f) Balance Due \$ 146,667.

(g) Loan in Default? = No

(h) Approved by Board or Committee? = Yes

(i) Written Agreement? = Yes

(a) Name of Person: BROOKLAND MEDICAL CLINIC, INC.

(d) Loan to or from organization? = To

(e) Original Principal Amount \$ 125,000. (f) Balance Due \$ 100,000.

(g) Loan in Default? = No

(h) Approved by Board or Committee? = Yes

(i) Written Agreement? = Yes

(a) Name of Person: FAMILY PRACTICE CLINIC, PLLC

(d) Loan to or from organization? = To

(e) Original Principal Amount \$ 250,000. (f) Balance Due \$ 250,000.

(g) Loan in Default? = No

(h) Approved by Board or Committee? = Yes

(i) Written Agreement? = Yes

Sch L, Part IV, Business Transactions Involving Interested Persons:

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

(a) Name of Person: MATTHEW P. JACKSON, M.D.

(b) Relationship Between Interested Person and Organization:

CURRENT EMPLOYEE WHO OWNED MORE THAN 5% OF SELLER, A PLLC

(c) Amount of Transaction \$ 474,346.

(d) Description of Transaction: ON JANUARY 1, 2014 THE ORGANIZATION

PURCHASED ASSETS & ASSUMED CERTAIN LIABILITIES FROM FAMILY PRACTICE

CLINIC, PLLC ("SELLER") FOR A PURCHASE PRICE OF \$447,315.74 OF WHICH

\$250,000 WAS REPRESENTED BY A NOTE PAYABLE TO THE SELLER. IN ADDITION,

THE SELLER ASSIGNED TO THE ORGANIZATION CERTAIN LEASE AGREEMENTS FOR THE

USE OF CERTAIN SPACE PREVIOUSLY UTILIZED BY THE SELLER.

(e) Sharing of Organization Revenues? = No

(a) Name of Person: RODDY S. LOCHALA, D.O.

(b) Relationship Between Interested Person and Organization:

CURRENT EMPLOYEE WHO OWNED MORE THAN 5% OF SELLER, A PLLC

(d) Description of Transaction: ON JANUARY 1, 2014 THE ORGANIZATION

PURCHASED ASSETS & ASSUMED CERTAIN LIABILITIES FROM FAMILY PRACTICE

CLINIC, PLLC ("SELLER") FOR A PURCHASE PRICE OF \$447,315.74 OF WHICH

\$250,000 WAS REPRESENTED BY A NOTE PAYABLE TO THE SELLER. IN ADDITION,

THE SELLER ASSIGNED TO THE ORGANIZATION CERTAIN LEASE AGREEMENTS FOR THE

USE OF CERTAIN SPACE PREVIOUSLY UTILIZED BY THE SELLER.

PART II:

R. EDWARD COOPER, M.D., P.A. D/B/A ADVANCED ORTHOPEDICS, P.C.:

LINE 1 COLUMN (b):

CERTAIN OFFICERS, DIRECTORS, AND HIGHLY COMPENSATED EMPLOYEES OF

NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC. WHO OWN MORE THAN

35 PERCENT OF THE TOTAL COMBINED VOTING POWER OF R. EDWARD COOPER.

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

M.D., P.A. D/B/A ADVANCED ORTHOPEDICS, P.C., THE INTERESTED PERSON.

LINE 1 COLUMN (c):

NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC. PURCHASED CERTAIN

ASSETS FROM R. EDWARD COOPER, M.D., P.A. D/B/A ADVANCED ORTHOPAEDICS,

P.C. ON AUGUST 15, 2012, THE PARTIES AGREED THAT \$62,500 OF THE

PURCHASE PRICE WOULD BE PAID IN PERIODIC INSTALLMENTS REPRESENTED BY A

PROMISSORY NOTE PAYABLE TO R. EDWARD COOPER, M.D., P.A. D/B/A ADVANCED

ORTHOPAEDICS, P.C.

PEDIATRIC ASSOCIATES OF JONESBORO, PLLC:

LINE 2 COLUMN (b):

CERTAIN OFFICERS, DIRECTORS, AND HIGHLY COMPENSATED EMPLOYEES OF

NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC. WHO OWN MORE THAN

35 PERCENT OF THE TOTAL COMBINED VOTING POWER OF PEDIATRIC ASSOCIATES

OF JONESBORO, PLLC, THE INTERESTED PERSONS.

LINE 2 COLUMN (c):

NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC. PURCHASED CERTAIN

ASSETS FROM PEDIATRIC ASSOCIATES OF JONESBORO, PLLC ON SEPTEMBER 14,

2012, THE PARTIES AGREED THAT \$145,833 OF THE PURCHASE PRICE WOULD BE

PAID IN PERIODIC INSTALLMENTS REPRESENTED BY A PROMISSORY NOTE PAYABLE

TO PEDIATRIC ASSOCIATES OF JONESBORO, PLLC.

ARKANSAS UROLOGY CLINIC, LTD:

LINE 3 COLUMN (b):

CERTAIN OFFICERS, DIRECTORS, AND HIGHLY COMPENSATED EMPLOYEES OF

NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC. WHO OWN MORE THAN

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

35 PERCENT OF THE TOTAL COMBINED VOTING POWER OF ARKANSAS UROLOGY

CLINIC, LTD THE INTERESTED PERSONS.

LINE 3 COLUMN (c):

NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC. PURCHASED CERTAIN

ASSETS FROM ARKANSAS UROLOGY CLINIC, LTD ON APRIL 30, 2013, THE PARTIES

AGREED THAT \$183,333 OF THE PURCHASE PRICE WOULD BE PAID IN PERIODIC

INSTALLMENTS REPRESENTED BY A PROMISSORY NOTE PAYABLE TO ARKANSAS

UROLOGY CLINIC, LTD.

BROOKLAND MEDICAL CLINIC, INC.:

LINE 4 COLUMN (b):

CERTAIN OFFICERS, DIRECTORS, AND HIGHLY COMPENSATED EMPLOYEES OF

NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC. WHO OWN MORE THAN

35 PERCENT OF THE TOTAL COMBINED VOTING POWER OF BROOKLAND MEDICAL

CLINIC, INC. THE INTERESTED PERSONS.

LINE 4 COLUMN (c):

NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC. PURCHASED CERTAIN

ASSETS FROM BROOKLAND MEDICAL CLINIC, INC. ON JULY 1, 2013, THE PARTIES

AGREED THAT \$125,000 OF THE PURCHASE PRICE WOULD BE PAID IN PERIODIC

INSTALLMENTS REPRESENTED BY A PROMISSORY NOTE PAYABLE TO BROOKLAND

MEDICAL CLINIC, INC.

FAMILY PRACTICE CLINIC, PLLC:

LINE 5 COLUMN (b):

CERTAIN OFFICERS, DIRECTORS, AND HIGHLY COMPENSATED EMPLOYEES OF

NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC. WHO OWN MORE THAN

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

35 PERCENT OF THE TOTAL COMBINED VOTING POWER OF FAMILY PRACTICE

CLINIC, PLLC THE INTERESTED PERSONS.

LINE 5 COLUMN (c):

NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC. PURCHASED CERTAIN

ASSETS FROM FAMILY PRACTICE CLINIC, PLLC ON JANUARY 1, 2014, THE

PARTIES AGREED THAT \$250,000 OF THE PURCHASE PRICE WOULD BE PAID IN

PERIODIC INSTALLMENTS REPRESENTED BY A PROMISSORY NOTE PAYABLE TO

FAMILY PRACTICE CLINIC, PLLC.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2013

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization	NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC.	Employer identification number	71-0850123
--------------------------	--	--------------------------------	------------

Form 990, Part I, Line 1, Description of Organization Mission:

MEDICAL HEALTHCARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN,
HANDICAP, OR AGE.

Form 990, Part III, Line 4a, Program Service Accomplishments:

THESE ACTIVITIES INCLUDE WELLNESS PROGRAMS, COMMUNITY EDUCATION
PROGRAMS, SPECIAL PROGRAMS FOR THE ELDERLY, HANDICAPPED, MEDICALLY
UNDERSERVED, AND A VARIETY OF BROAD COMMUNITY SUPPORT ACTIVITIES.

THEREFORE, IN KEEPING WITH ITS COMMITMENT TO SERVE ALL MEMBERS OF ITS

COMMUNITY, NORTHEAST ARKANSAS BAPTIST CLINIC PROVIDES THE FOLLOWING:

--FREE CARE AND/OR SUBSIDIZED CARE,

--CARE PROVIDED TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW

COST, AND

--HEALTH ACTIVITIES AND PROGRAMS TO SUPPORT THE COMMUNITY

NEA BAPTIST CLINIC IS THE LARGEST AND MOST COMPREHENSIVE PHYSICIAN-LED

AND PROFESSIONALLY MANAGED MULTI-SPECIALTY GROUP PRACTICE IN THE

REGION. NEA BAPTIST CLINIC IS MADE UP OF OVER 110 PHYSICIANS PROVIDING

CARE IN MORE THAN 35 MEDICAL SPECIALTIES. THE MISSION OF NEA BAPTIST

CLINIC IS TO PROVIDE COMPREHENSIVE, PERSONALIZED, QUALITY HEALTH CARE

FOR PATIENTS THROUGHOUT THE NORTHEAST ARKANSAS REGION.

SINCE FORMING IN 1977, NEA BAPTIST CLINIC HAS BECOME A MULTI-SPECIALTY,

AWARD-WINNING CLINIC AND PARTNER WITH NEA BAPTIST MEMORIAL HOSPITAL.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

Name of the organization NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC.

Employer identification number 71-0850123

INC. WE HAVE BECOME A LEADER IN CLINICAL RESEARCH AND KEY PROVIDER OF MEDICAL SPECIALTY SERVICES WITH HUNDREDS OF THOUSANDS OF CLINIC VISITS EACH YEAR.

NEA BAPTIST CLINIC PROVIDES CARE TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS FROM WHICH WE MAY RECEIVE LESS THAN MARKET VALUE REIMBURSEMENT. RECOGNIZING ITS MISSION TO THE COMMUNITY, SERVICES ARE PROVIDED TO MEDICARE, MEDICAID AND UNINSURED PATIENTS. TO THE EXTENT REIMBURSEMENT IS BELOW COST, NEA BAPTIST CLINIC RECOGNIZES THESE AMOUNTS AS CHARITY CARE IN MEETING ITS MISSION TO THE ENTIRE COMMUNITY. DURING THE YEAR ENDING SEPTEMBER 30, 2014, THE UNREIMBURSED VALUE OF PROVIDING CARE TO THESE PATIENTS WAS \$28,921,171.

CHARITY CARE IS ALSO PROVIDED THROUGH MANY REDUCED PRICED SERVICES AND FREE PROGRAMS OFFERED THROUGHOUT THE YEAR BASED UPON ACTIVITIES AND SERVICES THAT NEA BAPTIST CLINIC BELIEVES WILL SERVE A BONA FIDE COMMUNITY HEALTH NEED. THROUGH ITS AFFILIATION WITH BAPTIST MEMORIAL HEALTH CARE CORPORATION, NEA BAPTIST CLINIC PROVIDES THE FOLLOWING PROGRAMS AND SERVICES FOR THE COMMUNITY:

- COMMUNITY HEALTH FAIRS
- PHYSICAL EXAMS FOR STUDENTS ACTIVE IN COMPETITIVE SPORTS
- PROVISION OF STAFF NURSES TO HELP SENIOR CITIZENS HEALTH FAIR
- EMPLOYEE ACTIVITIES TO RAISE MONEY FOR UNITED WAY, AMERICAN HEART ASSOCIATION, AND MARCH OF DIMES
- PROVISIONS OF PHYSICIANS FOR SPEAKING ENGAGEMENTS ON TOPICAL HEALTH ISSUES TO THE COMMUNITY

Name of the organization NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC.	Employer identification number 71-0850123
--	--

ONE OF THE BIGGEST PROGRAMS AT NORTHEAST ARKANSAS CLINIC CHARITABLE
 FOUNDATION IS THE WELLNESS CENTER, THE WELLNESS CENTER AT NORTHEAST
 ARKANSAS CLINIC CHARITABLE FOUNDATION HAS A STATE OF THE ART CARDIO
 THEATRE, SELECTORIZED EQUIPMENT, FREE WEIGHTS, INDOOR RUBBERIZED
 RUNNING TRACK, INDOOR HEATED POOL, JUICE BAR AND NUTRITION CENTER,
 LOCKER ROOMS, PERSONAL TRAINING AND MORE, WE STRIVE TO DO WHATEVER IS
 NECESSARY TO HELP OUR MEMBERS MEET THEIR GOALS,

OUR TRAINING PHILOSOPHY IS BASED ON THE PERIODIZATION OF RESISTANCE
 TRAINING, SOUND NUTRITION, AND CARDIOVASCULAR TRAINING, THIS IS KNOWN
 AS OUR TRIANGLE OF SUCCESS,

THE NEA BAPTIST WELLNESS CENTER IS A SILVER SNEAKER CERTIFIED FACILITY,
 ANYONE WHO HAS SILVER SNEAKERS AS A BENEFIT ON THEIR MEDICAL INSURANCE
 CAN COME TO THE WELLNESS CENTER FREE OF CHARGE,

WE OFFER VARIOUS CLASSES SUCH AS AAA WATER AEROBICS, LATIN BOOTCAMP,
 SILVERSPASH SILVER SNEAKERS, AB WORKOUTS, LATIN FIT, YOGASTRETCH
 SILVER SNEAKERS, CARDIO CIRCUIT SILVER SNEAKERS, MSROM SILVER SNEAKERS,
 AND ZUMBA, JUST TO NAME A FEW,

PART V: STATEMENTS REGARDING OTHER IRS FILINGS & TAX COMPLIANCE:

LINE 7g:

THE ORGANIZATION DID NOT RECEIVE ANY CONTRIBUTIONS OF QUALIFIED
 INTELLECTUAL PROPERTY REQUIRING IT TO FILE A FORM 8899,

Line 7h:

THE ORGANIZATION DID NOT RECEIVE ANY CONTRIBUTIONS OF CARS, BOATS,

Name of the organization NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC.	Employer identification number 71-0850123
--	--

AIRPLANES, OR OTHER VEHICLES REQUIRING IT TO FILE A FORM 1098-C.

Form 990, Part VI, Section A, line 3:

NORTHEAST ARKANSAS BAPTIST HEALTH SYSTEM, INC. IS THE SOLE

MEMBER OF NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC. BAPTIST

MEMORIAL HEALTH CARE CORPORATION, AS SOLE MEMBER OF NORTHEAST ARKANSAS

BAPTIST HEALTH SYSTEM, INC., PROVIDES CERTAIN LEGAL, FINANCE, QUALITY, AND

PERSONNEL SERVICES PURSUANT TO A SHARED SERVICES AGREEMENT TO NORTHEAST

ARKANSAS CLINIC CHARITABLE FOUNDATION, INC.

Form 990, Part VI, Section A, line 6:

NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC. IS A

NON-STOCK CORPORATION WHOSE SOLE MEMBER IS NORTHEAST ARKANSAS BAPTIST

HEALTH SYSTEM, INC.

Form 990, Part VI, Section A, line 7a:

NORTHEAST ARKANSAS BAPTIST HEALTH SYSTEM, INC., THE SOLE

MEMBER OF NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC., ELECTS THE

BOARD OF DIRECTORS.

Form 990, Part VI, Section A, line 7b:

NORTHEAST ARKANSAS BAPTIST HEALTH SYSTEM, INC. IS THE SOLE

MEMBER OF NORTHEAST ARKANSAS CLINIC CHARTIABLE FOUNDATION, INC. BAPTIST

MEMORIAL HEALTH CARE CORPORATION, THE SOLE MEMBER OF NORTHEAST ARKANSAS

HEALTH SYSTEM, APPROVES THE BOARD OF DIRECTORS ACTIONS.

Form 990, Part VI, Section B, line 11:

332212
09-04-13

Name of the organization NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC.

Employer identification number 71-0850123

NORTHEAST ARKANSAS BAPTIST HEALTH SYSTEM, INC. IS THE SOLE MEMBER OF NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC. BAPTIST MEMORIAL HEALTH CARE CORPORATION IS THE THE SOLE MEMBER OF NORTHEAST ARKANSAS BAPTIST HEALTH SYSTEM, INC. THE FORM 990 IS REVIEWED BY BAPTIST MEMORIAL HEALTH CARE CORPORATION'S PRESIDENT/CEO, SR, V,P./CFO, THE V,P. OF CORPORATE FINANCE, AND THE CLINIC CFO. IN ADDITION, THE FORM 990 IS REVIEWED ON A ROTATING BASIS OF EVERY THREE YEARS BY AN OUTSIDE INDEPENDENT ACCOUNTING AND TAX FIRM,

THE FORM 990 HAS NOT BEEN REVIEWED BY THE BOARD OF DIRECTORS. HOWEVER, BAPTIST MEMORIAL HEALTH CARE CORPORATION HAS A GOVERNANCE COMMITTEE THAT IS APPOINTED BY ITS BOARD OF DIRECTORS. THE BAPTIST MEMORIAL HEALTH CARE CORPORATION GOVERNANCE COMMITTEE CONSISTS OF THREE OR MORE MEMBERS ALL OF WHICH MAY OR MAY NOT BE MEMBERS OF THE BOARD OF DIRECTORS. THE BAPTIST MEMORIAL HEALTH CARE CORPORATION GOVERNANCE COMMITTEE WILL REVIEW THE FORM 990 AFTER SUBMITTING IT TO THE IRS.

Form 990, Part VI, Section B, Line 12c:

NORTHEAST ARKANSAS BAPTIST HEALTH SYSTEM, INC. IS THE SOLE MEMBER OF NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC. BAPTIST MEMORIAL HEALTH CARE CORPORATION, AS SOLE MEMBER OF NORTHEAST ARKANSAS BAPTIST HEALTH SYSTEM, INC. REQUIRES THAT ALL EMPLOYEES, INCLUDING OFFICERS AND KEY EMPLOYEES, PERIODICALLY COMPLETE A CERTIFICATION AND ACKNOWLEDGEMENT OF THE BAPTIST MEMORIAL HEALTH CARE CORPORATION STANDARDS OF CONDUCT, WHICH INCORPORATES THE CONFLICT OF INTEREST POLICY. BOARD MEMBERS DISCLOSE AND SIGN A CONFLICT OF INTEREST STATEMENT EACH DECEMBER,

IN THE EVENT THAT AN EMPLOYEE OR BOARD MEMBER BECOMES AWARE OF A POTENTIAL

Name of the organization NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC.	Employer identification number 71-0850123
--	--

CONFLICT OF INTEREST, HE/SHE IS REQUIRED TO REPORT IT TO THEIR CHIEF EXECUTIVE OFFICER BEFORE TAKING ANY ACTION. IF HE/SHE IS THE CHIEF EXECUTIVE OFFICER, THEN HE/SHE IS TO REPORT TO THE CHAIRMAN OF THE BOARD OF DIRECTORS.

THE SIGNED CONFLICT OF INTEREST STATEMENTS ARE REVIEWED BY THE SENIOR V.P. AND CORPORATE COUNSEL, AND ARE MAINTAINED IN THE BAPTIST MEMORIAL HEALTH CARE CORPORATION LEGAL DEPARTMENT. IF A CONFLICT OF INTEREST IS FOUND TO EXIST, IT WILL BE THE RESPONSIBILITY OF THE CEO, WITH THE INVOLVEMENT OF THE BAPTIST MEMORIAL HEALTH CARE CORPORATION LEGAL DEPARTMENT, TO RESOLVE THE ISSUE.

Form 990, Part VI, Section B, Line 15:
BAPTIST MEMORIAL HEALTH CARE CORPORATION'S HUMAN RESOURCE DEPARTMENT, THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS, AND AN INDEPENDENT COMPENSATION CONSULTING FIRM PERFORM ANNUAL REVIEWS EACH DECEMBER AND APPROVE COMPENSATION OF THE CEO AND OTHER TOP MANAGEMENT PERSONNEL. THEY USE COMPARABILITY DATA AND OTHER SOURCES AS NEEDED. THE CEO AND OTHER TOP MANAGEMENT USE THE SAME TYPE OF INFORMATION TO APPROVE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES.

ON DECEMBER 10, 2012 THE COMPENSATION WAS REVIEWED AND APPROVED FOR THE CALENDAR YEAR ENDING DECEMBER 31, 2013 FOR THE PRESIDENT, THE VICE PRESIDENTS, AND THE CEO/ADMINISTRATOR.

Form 990, Part VI, Section C, Line 18:
NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC. MAKES COPIES OF ITS FORMS 1023, 990, AND 990T AVAILABLE FOR PUBLIC INSPECTION TO

Name of the organization NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC.	Employer identification number 71-0850123
--	--

ANYONE WHO REQUESTS THEM AS REQUIRED BY THE IRS.

Form 990, Part VI, Section C, Line 19:

NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC. MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Form 990, Part VII Contact Addresses for Officers, Directors, Etc:

RANDY J, KING - 350 N, HUMPHREYS BLVD., MEMPHIS, TN 38120-2177

GREGORY M, DUCKETT - 350 N, HUMPHREYS BLVD., MEMPHIS, TN 38120-2177

JAMES W, BOSWELL - 350 N, HUMPHREYS BLVD., MEMPHIS, TN 38120-2177

BRAD H, PARSONS - 4800 E, JOHNSON AVE., JONESBORO, AR 72401

Form 990, Part IX, Line 11g, Other Fees:

PHYSICIAN SERVICES:

Program service expenses	5,864,150.
Management and general expenses	1,034,850.
Fundraising expenses	0.
Total expenses	6,899,000.

OTHER PURCHASED SERVICES:

Program service expenses	3,238,734.
Management and general expenses	571,541.
Fundraising expenses	0.
Total expenses	3,810,275.

Total Other Fees on Form 990, Part IX, line 11g, Col A 10,709,275.

Form 990, Part XI, line 9, Changes in Net Assets:

Name of the organization NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC.	Employer identification number 71-0850123
--	--

EQUITY CONTRIBUTION TO/FROM BAPTIST MEMORIAL MEDICAL GROUP,
INC. 236,517,

PART XII, LINE 2c: FINANCIAL STATEMENTS AND REPORTING:

NORTHEAST ARKANSAS BAPTIST HEALTH SYSTEM, INC. IS THE SOLE
MEMBER OF NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC. BAPTIST
MEMORIAL HEALTH CARE CORPORATION, AS THE SOLE MEMBER OF NORTHEAST
ARKANSAS BAPTIST HEALTH SYSTEM, INC., HAS AN AUDIT COMMITTEE THAT
CHOOSES THE AUDIT FIRM, OVERSEES AND REVIEWS THE AUDIT REPORTS, AND
THEN FOLLOWS UP ON ANY NECESSARY CHANGES AND RECOMMENDATIONS. THE
PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

FORM 990 ITEM B: AMENDED RETURN EXPLANATION

CORRECTION OF PRIOR PERIOD FINANCIAL STATEMENTS:
ERRORS WERE RECENTLY DISCOVERED RELATING TO ACCOUNTS RECEIVABLE-OTHER,
ALLOWANCE FOR DOUBTFUL ACCOUNTS, INVENTORY, PREPAID EXPENSES, ACCOUNTS
PAYABLE AND OTHER ACCRUAL ACCOUNTS, SPECIFICALLY, ACCOUNTS
RECEIVABLE-OTHER, INVENTORY, AND PREPAID EXPENSES WERE OVERSTATED AND
THE ALLOWANCE FOR DOUBTFUL ACCOUNTS, ACCOUNTS PAYABLE AND OTHER
ACCRUALS WERE UNDERSTATED. THESE MISSTATEMENTS WERE THE RESULT OF AN
ATTEMPT TO INAPPROPRIATELY MASK LOSSES AT THE CLINIC.

THE FOLLOWING INCOME STATEMENT ACCOUNTS WERE AFFECTED BY THE
MISSTATEMENTS:

DECREASE IN TOTAL REVENUE -2,050,000

INCREASE IN EXPENSES:

332212
09-04-13

Name of the organization NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC.	Employer identification number 71-0850123
--	--

SALARIES	7,665,000
EMPLOYEE BENEFITS	872,000
MEDICAL SUPPLIES	627,000
TOTAL INCREASE IN EXPENSES	9,164,000
INCREASE IN NET LOSS	11,214,000

THE FOLLOWING FORM 990 STATEMENTS WERE AFFECTED BY THE MISSTATEMENTS:

- 1. PART VIII, STATEMENT OF REVENUE
- 2. PART IX, STATEMENT OF FUNCTIONAL EXPENSES
- 3. PART X, BALANCE SHEET
- 4. PART XI, RECONCILIATION OF NET ASSETS

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization **NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC.**

Employer identification number
71-0850123

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
NORTHWEST ARKANSAS BAPTIST MEMORIAL HEALTH CARE, LLC - 81-0572898, 4800 E. JOHNSON AVE., JONESBORO, AR 72401	OPERATION OF BAPTIST MEMORIAL HOSPITAL-JONESBORO, INC.	Arkansas			BAPTIST MEMORIAL HOSPITAL-JONESBORO, INC.
NORTHWEST ARKANSAS BAPTIST HEALTH SERVICES GROUP, LLC - 27-1471186, 4800 E. JOHNSON AVE., JONESBORO, AR 72401	OPATE A PREFERRED PROVIDER ORGANIZATION	Arkansas			BAPTIST MEMORIAL HOSPITAL-JONESBORO, INC.

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
BAPTIST MEMORIAL HEALTH CARE SYSTEM, INC. - 58-1456556, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	CARRY OUT THE HEALTH CARE MISSIONS OF THE BAPTIST CONVENTIONS OF AR, MS, TN	Tennessee	501(c)(3)	509(a)(3)	N/A		X
BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES, INC. - 62-1599670, 1003 MONROE, MEMPHIS, TN 38104-3110	EDUCATION OF HEALTH CARE PROFESSIONALS	Tennessee	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HOSPITAL, INC.		X
BAPTIST MEMORIAL HEALTH SERVICES, INC. - 62-1509127, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	PROVISION OF HEALTH CARE PROVIDERS & HOME INFUSION EQUIPMENT	Tennessee	501(c)(3)	509(a)(2)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL HOSPITAL, INC. - 62-0123940, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	HEALTH CARE/HOSPITAL	Tennessee	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X

For Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule R (Form 990) 2013

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
MEDICAL FINANCIAL SERVICES, INC., - 62-1112364, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	COLLECTION AGENCY FOR BAPTIST FACILITIES	Tennessee	501(c)(3)	509(a)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL HOSPITAL-BOONEVILLE, INC., - 64-0663760, 100 HOSPITAL ST., BOONEVILLE, MS 38829	HEALTH CARE/HOSPITAL	Mississippi	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL HOSPITAL-DESOTO, INC., - 64-0682111, 7601 SOUTHCREST PKW., SOUTHAVEN, MS 38671	HEALTH CARE/HOSPITAL	Mississippi	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE, INC., - 62-1519754, 2520 FIFTH ST., COLUMBUS, MS 39703	HEALTH CARE/HOSPITAL	Mississippi	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL HOSPITAL-HUNTINGDON, INC., - 62-1166050, 631 R.B. WILSON DR., HUNTINGDON, TN 38344	HEALTH CARE/HOSPITAL	Tennessee	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST CLINICAL RESEARCH INSTITUTE, INC., - 45-3032246, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	FACILITATE MEDICAL & SCIENTIFIC RESEARCH	Tennessee	501(c)(3)	509(a)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI, INC., - 64-0772726, 2301 S. LAMAR, OXFORD, MS 38655	HEALTH CARE/HOSPITAL	Mississippi	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL HOSPITAL-TIPTON, INC., - 62-1113167, 1995 HWY 51 SOUTH, COVINGTON, TN 38019	HEALTH CARE/HOSPITAL	Tennessee	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL HOSPITAL-UNION CITY, INC., - 62-1138045, 1201 BISHOP ST, UNION CITY, TN 38261	HEALTH CARE/HOSPITAL	Tennessee	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL HOSPITAL-UNION COUNTY, INC., - 63-0997281, 200 HWY 30 WEST, NEW ALBANY, MS 38652	HEALTH CARE/HOSPITAL	Mississippi	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL REGIONAL REHABILITATION SERVICES, INC., - 58-1645396, 2100 EXETER RD., GERMANTOWN, TN 38138	HEALTH CARE/HOSPITAL	Tennessee	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL HOME CARE, INC., - 58-1562973, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	HOME HEALTH CARE & HOSPICE SERVICES	Tennessee	501(c)(3)	509(a)(2)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
BAPTIST MEMORIAL MEDICAL GROUP, INC. - 62-1545731, 350 N. HUMPHREYS BLVD., MEMPHIS TN 38120-2177	PROVISION OF HEALTH CARE PROVIDERS FOR BAPTIST FACILITIES	Tennessee	501(c)(3)	509(a)(2)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL PATIENT SAFETY ORGANIZATION, INC. - 45-3032372, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	ESTABLISHING, MAINTAINING & MANAGING A PATIENT SAFETY ORGANIZATION	Tennessee	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL MEDICAL MINI. EMP. HLTH & WELFARE TRUST - 62-1407946, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	BAPTIST EMPLOYEE HEALTH PLAN	Tennessee	501(c)(3)		BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MINOR MEDICAL CENTERS, INC. - 62-1538114, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	NON-EMERGENCY MEDICAL CLINICS	Tennessee	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL MEDICAL GROUP, INC.		X
BAPTIST MEMORIAL HEALTH CARE FOUNDATION, INC. - 58-15444781, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	SOLICIT, RAISE, MANAGE, APPLY & INVEST IN SUPPORT OF BAPTIST ENTITIES	Tennessee	501(c)(3)	509(a)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL HOSPITAL-JONESBORO, INC. - 26-1214372, 4800 E. JOHNSON AVE., JONESBORO, AR 72401	HEALTH CARE/HOSPITAL	Arkansas	501(c)(3)	509(a)(1)	NEA BAPTIST HEALTH SYSTEM, INC.		X
NEA BAPTIST HEALTH SYSTEM, INC. - 27-1799652 4800 E. JOHNSON AVE., JONESBORO, AR 72401	HEALTH CARE SERVICE PROVIDER	Arkansas	501(c)(3)	509(a)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL HEALTH CARE CORPORATION - 58-1521475, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	MANAGEMENT, ADMINISTRATIVE & FINANCIAL SERVICES FOR AFFILIATES	Tennessee	501(c)(3)	509(a)(3)	N/A		X
THE STERN CARDIOVASCULAR FOUNDATION, INC. - 27-4396698, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	HEALTH CARE SERVICE PROVIDER	Tennessee	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL MEDICAL GROUP, INC.		X
BAPTIST CANCER CENTER PHYSICIANS FOUNDATION, INC. - 45-2842963, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	HEALTH CARE SERVICE PROVIDER	Tennessee	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL MEDICAL GROUP, INC.		X
INTEGRITY ONCOLOGY FOUNDATION, INC. - 45-3303687, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	HEALTH CARE SERVICE PROVIDER	Tennessee	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL MEDICAL GROUP, INC.		X
MEMPHIS LUNG PHYSICIANS FOUNDATION, INC. - 45-2832975, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	HEALTH CARE SERVICE PROVIDER	Tennessee	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL MEDICAL GROUP, INC.		X

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
BAPTIST-DESOTO SURGERY CENTER - 20-0804946, 40 BURTON HILLS BLVD., STE 500, NASHVILLE, TN 37215	AMBULATORY SURGERY	MS	N/A	N/A				X	N/A		X	
BAPTIST-EAST MEMPHIS SURGERY CENTER - 62-1846584, 80 HUMPHREYS CENTER #101, MEMPHIS, TN 38120	AMBULATORY SURGERY	TN	N/A	N/A				X	N/A		X	
BAPTIST-GERMANTOWN SURGERY CENTER, L.P. - 62-1829424, 40 BURTON HILLS BLVD., STE 500, NASHVILLE, TN 37215	AMBULATORY SURGERY	TN	N/A	N/A				X	N/A		X	
BAPTIST & PHYSICIANS O/P SURGERY CENTER OF N. MS - 62-0925692, 40 BURTON HILLS BLVD., STE 500, NASHVILLE, TN SURGERY	AMBULATORY SURGERY	MS	N/A	N/A				X	N/A		X	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
HEALTH TECH AFFILIATES, INC. - 62-1278576 350 N. HUMPHREYS BLVD. MEMPHIS, TN 38120-2177	BUYING & LEASING REAL & PERSONAL PROPERTY	TN	N/A	C CORP					X
BAPTIST MEMORIAL HEALTH SERVICES GROUP OF THE MID-SOUTH, INC. - 62-1534210, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	HEALTH INSURANCE CONTRACTING	TN	N/A	C CORP					X
SOUTHCREST PROPERTY OWNERS ASSOCIATION - 64-0768703, 7601 SOUTHCREST PKWY, SOUTHAVERN, MS 38671	BOOKKEEPING & DATA PROCESSING FOR THE SOUTHCREST	MS	N/A	C CORP					X
GERMANTOWN BUSINESS PARK OWNERS ASSOCIATION - 20-1158216, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	BOOKKEEPING & DATA PROCESSING FOR THE GERMANTOWN BUSINESS	TN	N/A	C CORP					X

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
BAPTIST N. MS IMAGING SERVICES, LLC - 26-2641267	DIAGNOSTIC SERVICES	MS	N/A	N/A			X		N/A	X	
EAST MEMPHIS UROLOGY CENTER, L.P. - 62-1810940, 40 BURTON HILLS BLVD, STE 500, NASHVILLE, TN 37215	AMBULATORY UROLOGICAL SERVICES	TN	N/A	N/A			X		N/A	X	
HAMILTON EYE INSTITUTE SURGERY CENTER, L.P. - 20-2873438, 930 MADISON AVE., MEMPHIS, TN 38103	AMBULATORY SURGERY	TN	N/A	N/A			X		N/A	X	
MEDICAL ALTERNATIVES - 62-1488427, 4565 SHELBY RD, MEMPHIS, TN 38083	HOME INFUSION PRODUCTS & SERVICES TO PATIENTS	TN	N/A	N/A			X		N/A	X	
MEMPHIS BIOMED VENTURES I, L.P. - 94-3424417, 17 W, PONTOTOC STE 200, MEMPHIS, TN 38103	MEDICAL RESEARCH	TN	N/A	N/A			X		N/A	X	
MEMPHIS SURGERY CENTER, LTD, L.P. - 62-1218330, 3000 RIVERCHASE GALLERIA STE 500, BIRMINGHAM, AL 35244	AMBULATORY SURGERY	TN	N/A	N/A			X		N/A	X	
MEMPHIS-SC, LLC - 62-1590322 3000 RIVERCHASE GALLERIA STE 500, BIRMINGHAM, AL 35244	AMBULATORY SURGERY	TN	N/A	N/A			X		N/A	X	
MEMPHIS-SP, LLC - 62-1590324 3000 RIVERCHASE GALLERIA STE 500, BIRMINGHAM, AL 35244	AMBULATORY SURGERY	TN	N/A	N/A			X		N/A	X	
MIDTOWN SURGERY CENTER, L.P., - 62-1619344, 40 BURTON HILLS BLVD, STE 500, NASHVILLE, TN 37215	AMBULATORY SURGERY	TN	N/A	N/A			X		N/A	X	

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
(1) BAPTIST MEMORIAL HEALTH CARE FOUNDATION, INC.	C	247,209, FMV			X
(2) BAPTIST MEMORIAL HEALTH CARE CORPORATION	E	15,470,095, FMV			X
(3) BAPTIST MEMORIAL HOSPITAL-JONESBORO, INC. BAPTIST MEMORIAL MEDICAL MINISTRIES EMPLOYEE HLTH & WELFARE	L	182,834, FMV			X
(4) TRUST	R	3,108,866, FMV			X
(5)					
(6)					

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Part III Identification of Related Organizations Taxable as Partnership:

Name, Address, and EIN of Related Organization:

BAPTIST & PHYSICIANS O/P SURGERY CENTER OF N. MS

EIN: 62-0925692

40 BURTON HILLS BLVD, STE 500

NASHVILLE, TN 37215

Part IV Identification of Related Organizations Taxable as Corp or Trust:

Name of Related Organization:

SOUTHCREST PROPERTY OWNERS ASSOCIATION

Primary Activity: BOOKKEEPING & DATA PROCESSING FOR THE SOUTHCREST

DEVELOPMENT

Name of Related Organization:

GERMANTOWN BUSINESS PARK OWNERS ASSOCIATION

Primary Activity: BOOKKEEPING & DATA PROCESSING FOR THE GERMANTOWN

BUSINESS PARK DEVELOPMENT